

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

| | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12 | 13a | 13b | 14 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Ricky Gill for Congress

| | | | | | |
|---|-------------|--------------------------------|--|--|--|
| A. Full Name (Last, First, Middle Initial) Jerome Mcdonald | | | Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2012 | | |
| Mailing Address 11202 N. Micke Grove Rd | | | Transaction ID : SA11Al.C4401253 | | |
| City Lodi | State CA | Zip Code 95240 | Amount of Each Receipt this Period 2500.00 | | |
| FEC ID number of contributing federal political committee. C | | | | | |
| Name of Employer Self | | Occupation Physician | | | |
| Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Election Cycle-to-Date 5000 | | | |
| B. Full Name (Last, First, Middle Initial) Susan Mcdonald | | | Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2012 | | |
| Mailing Address 11202 N . Micke Grove Rd | | | Transaction ID : SA11Al.C4401252 | | |
| City Lodi | State CA | Zip Code 95240 | Amount of Each Receipt this Period 2500.00 | | |
| FEC ID number of contributing federal political committee. C | | | | | |
| Name of Employer St. Joseph's Medical Center | | Occupation Administrator | | | |
| Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Election Cycle-to-Date 5000 | | | |
| C. Full Name (Last, First, Middle Initial) Carolyn Meehleis | | | Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2012 | | |
| Mailing Address 1360 Rivergate Dr. | | | Transaction ID : SA11Al.C4401260 | | |
| City Lodi | State CA | Zip Code 95240 | Amount of Each Receipt this Period 2500.00 | | |
| FEC ID number of contributing federal political committee. C | | | | | |
| Name of Employer Meehleis Modular | | Occupation Owner | | | |
| Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Election Cycle-to-Date 5000 | | | |
| SUBTOTAL of Receipts This Page (optional)..... | | | 7500.00 | | |
| TOTAL This Period (last page this line number only)..... | | | | | |